



STATE BOARD OF EQUALIZATION  
DEPARTMENT OF BUSINESS TAXES

P.O. BOX 942879 SACRAMENTO, CALIFORNIA 94279-0001

**EXCISE TAX (ACTIVITY FEE)**

(916) 739-2582

(IN REPLY REFER TO:

PETER BEAVER  
COCA COLA ENT.-WEST/US TECHNICAL  
1414 W. BROADWAY RD., STE. 150  
TEMPE AZ 85282

DATE: APRIL 26, 1990

ACCOUNT NUMBER

HC HQ 36-03483

**\*\*\*NOTICE OF DETERMINATION\*\*\***

YOU ARE HEREBY NOTIFIED OF AN AMOUNT  
DUE FROM YOU PURSUANT TO THE  
HAZARDOUS SUBSTANCES TAX LAW  
(ACTIVITY FEE)

RECEIVED  
APR 30 1990  
LEGISLATIVE

**AMOUNT**

	FEE	INTEREST	PENALTY	TOTAL
AS ASSESSED				
03/08/90-03/08/90	7500.00			7500.00
L-0000				
TOTAL	7500.00			7500.00
				***PAY THIS AMOUNT 7500.00

ADDITIONAL INTEREST OF \$87.50 ACCRUES ON THE AMOUNT OF FEE  
DUE AT THE MODIFIED ADJUSTED RATE OF 1.1666 OF ONE PERCENT (1011667)  
EACH MONTH, OR FRACTION THEREOF, IF NOT PAID ON OR BEFORE 05/31/90.

ADDITIONAL PENALTY OF 750.00 IF NOT PAID BEFORE 05/26/90.

THE ACTIVITY FEE INDICATED ABOVE HAS BEEN ASSESSED PURSUANT TO SECTION  
25347.6 OF THE HEALTH AND SAFETY CODE AND IS BASED UPON ACTIVITIES  
PERFORMED BY THE DEPARTMENT OF HEALTH SERVICES.

THE ABOVE FEE IS BASED ON A PRELIMINARY ENDANGERMENT ASSESSMENT.

SITE : 19875 PACIFIC GATEWAY DRIVE

DOHS TRANSMITTAL NUMBER 90-4-12-SM

**INFORMATION CONCERNING DETERMINATIONS**

A PERSON AGAINST WHOM A DETERMINATION IS MADE OR ANY PERSON DIRECTLY  
INTERESTED MAY PETITION FOR REDETERMINATION WITH THE BOARD OF EQUALIZATION  
WITHIN 30 DAYS FROM THE DATE SHOWN AT THE TOP OF THIS NOTICE.

A PETITION MUST BE IN WRITING AND STATE THE SPECIFIC GROUNDS UPON  
WHICH IT IS FOUNDED. ANYONE FILING A PETITION SHOULD BE PREPARED TO SUBMIT  
DOCUMENTARY EVIDENCE TO SUPPORT THE SPECIFIC GROUNDS UPON REQUEST.

IF A HEARING IS DESIRED, IT SHOULD BE REQUESTED IN THE PETITION. THE  
REQUEST SHOULD SPECIFY WHETHER AN INFORMAL MEETING WITH A HEARING OFFICER  
AT THE NEAREST DISTRICT OFFICE OR A HEARING BEFORE THE BOARD IN SACRAMENTO

PLEASE RETURN THIS COPY WITH YOUR PAYMENT  
ALWAYS WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK OR MONEY ORDER

300 000791



STATE BOARD OF EQUALIZATION  
DEPARTMENT OF BUSINESS TAXES

P.O. BOX 942879 SACRAMENTO, CALIFORNIA 94279-0001

RE	PM
EFFECTIVE DATE OF PAYMENT	
MO.	DAY YEAR

IN REPLY REFER TO:

PETER BEAVER  
COCA COLA ENT.-WEST/US TECHNICAL  
1414 W. BROADWAY RD., STE. 150  
TEMPE AZ 85282

DATE: APRIL 26, 1990

ACCOUNT NUMBER

HC HQ 36-0348E

**\*\*NOTICE OF DETERMINATION\*\***

PAGE 2

AMOUNT

FEE	INTEREST	PENALTY	TOTAL
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IS DESIRED. A 10 DAY NOTICE OF THE TIME AND PLACE OF HEARING WILL BE GIVEN.  
THE FILING OF A PETITION WILL NOT PREVENT THE ACCRUAL OF INTEREST.  
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UNTIL 30 DAYS AFTER THE DATE OF A NOTICE OF REDETERMINATION.  
PROMPT PAYMENT OF UNDISPUTED PORTIONS OF THE LIABILITY SHOULD BE MADE.  
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ANY WAY AFFECT THE PROTESTED PORTIONS.

300 000792

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STATE BOARD OF EQUALIZATION  
DEPARTMENT OF BUSINESS TAXES

P.O. BOX 942879 SACRAMENTO, CALIFORNIA 94279-0001

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(916) 739-2582

(IN REPLY REFER TO:

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COCA COLA ENT.-WEST/US TECHNICAL  
1414 W. BROADWAY RD., STE. 150  
TEMPE AZ 85282

RECEIVED  
APR 30 1990

RE.	PM.
EFFECTIVE DATE OF PAYMENT	
MO.	DAY YEAR

DATE: APRIL 26, 1990

ACCOUNT NUMBER

HC HQ 36-03483

\*\*\*NOTICE OF DETERMINATION\*\*\*

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(ACTIVITY FEE)

AMOUNT

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AS ASSESSED				
03/08/90-03/08/90	7500.00			7500.00
L-0000				
TOTAL	7500.00			7500.00

\*\*\*PAY THIS AMOUNT 7500.00

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SITE : 19875 PACIFIC GATEWAY DRIVE

DOHS TRANSMITTAL NUMBER 90-4-12-SM

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STATE BOARD OF EQUALIZATION  
DEPARTMENT OF BUSINESS TAXES  
P.O. BOX 942879 SACRAMENTO, CALIFORNIA 94279-0001

RE	PM
EFFECTIVE DATE OF PAYMENT	
MO.	DAY YEAR

IN REPLY REFER TO:

PETER BEAVER  
COCA COLA ENT.-WEST/US TECHNICAL  
1414 W. BROADWAY RD., STE. 150  
TEMPE AZ 85282

DATE: APRIL 26, 1990

ACCOUNT NUMBER

HC HQ 36-03483

\*\*\*NOTICE OF DETERMINATION\*\*\*

PAGE 2

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FEE	INTEREST	PENALTY	TOTAL
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300 000794

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U.S. Technical Environmental  
Consulting, Inc.

May 23, 1990

State Board of Equalization  
Department of Business Taxes  
1891 Alhambra Boulevard  
Sacramento, California 95816

RECEIVED CCE-WEST  
MAY 29 1990  
SAFETY DIVISION  
*Discussed w/ Steve  
Myers - made a copy  
of last page coming in  
mail.*

RE: PETITION FOR REDETERMINATION, ACCOUNT NO. HC HQ 36-034839, 19875  
PACIFIC GATEWAY DRIVE, CARSON, CALIFORNIA. JOB NO. 89007.

Dear Sirs:

This letter serves as a Petition for an informal meeting with a hearing officer for a Redetermination in reference to the above stated account. This Petition is made on the basis that the activity on the site was wrongly determined by DOHS to be a Preliminary Endangerment Assessment. In reality, the limited activity performed was a Self-Certification action undertaken by the owners of the site, which is able to be performed without direct DOHS involvement.

The information submitted to DOHS was for notification of work to be performed on a site potentially involving hazardous waste. The results of the work performed showed that the materials in question were not hazardous with respect to Title 22 of the CAC, therefore DOHS involvement on the level of a Preliminary Endangerment Assessment is not justified.

Also for the record, please amend the name and address of the owner of the site to be:

Coca-Cola Enterprises - West  
1334 South Central Avenue  
Los Angeles, California 90021  
Attn: Raul Ramirez  
Telephone: 213-746-5555


If you have any questions or comments, please contact the undersigned at (602) 829-6311.

Sincerely,

U.S. TECHNICAL ENVIRONMENTAL CONSULTING, INC.



For Peter A. Beaver  
Manager Remedial Services



Steven M. Myers, R.G.  
President

/weh

cc: Raul Ramirez, CCE - West  
Ed Todd, CCE - Atlanta  
Steve McConnell, CCE - West

BT-1210 REV. 8 (12-88)



STATE BOARD OF EQUALIZATION  
DEPARTMENT OF BUSINESS TAXES

P.O. BOX 942879 SACRAMENTO, CALIFORNIA 94279-0001

EXCISE TAX (ACTIVITY FEE)

(916) 739-2582

PETER BEAVER  
COCA COLA ENT.-WEST/US TECHNICAL  
1414 W. BROADWAY RD., STE. 150  
TEMPE AZ 85282

APR 30 1990

RE	PM
EFFECTIVE DATE OF PAYMENT	
MO.	DAY YEAR

IN REPLY REFER TO:

DATE: APRIL 26, 1990

ACCOUNT NUMBER

HC HQ 36-03483

**\*\*NOTICE OF DETERMINATION\*\***

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(ACTIVITY FEE)

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	FEE	INTEREST	PENALTY	TOTAL
AS ASSESSED				
03/08/90-03/08/90	7500.00			7500.00
L-0000				
TOTAL	7500.00			7500.00

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7500.00

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SITE : 19875 PACIFIC GATEWAY DRIVE

DOHS TRANSMITTAL NUMBER 90-4-12-SM

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ST-1210 REV. 4 (12-84)



STATE BOARD OF EQUALIZATION  
DEPARTMENT OF BUSINESS TAXES

P.O. BOX 942879

SACRAMENTO, CALIFORNIA 94279-0001

RE	PM
EFFECTIVE DATE OF PAYMENT	
MO.	DAY YEAR

IN REPLY REFER TO:

PETER BEAVER  
COCA COLA ENT.-WEST/US TECHNICAL  
1414 W. BROADWAY RD., STE. 150  
TEMPE AZ 85282

DATE: APRIL 26, 1990

ACCOUNT NUMBER

HC HQ 36-034339

\*\*NOTICE OF DETERMINATION\*\*

PAGE 2

## AMOUNT

FEE

INTEREST

PENALTY

TOTAL

IS DESIRED. A 10 DAY NOTICE OF THE TIME AND PLACE OF HEARING WILL BE GIVEN.  
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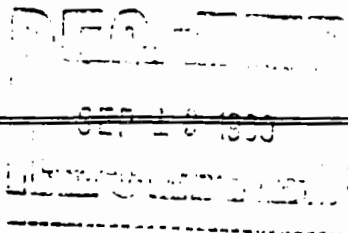
STATE OF CALIFORNIA

STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA

(P.O. BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)

(916) 739-4957



WILLIAM M. BENNETT  
First District, Kentfield

CONWAY H. COLLIS  
Second District, Los Angeles

ERNEST J. DRONENBURG, JR.  
Third District, San Diego

PAUL CARPENTER  
Fourth District, Los Angeles

GRAY DAVIS  
Controller, Sacramento

CINDY RAMBO  
Executive Director

September 4, 1990

U.S. Technical Environmental Consulting  
Mr. Peter Beaver  
1414 W. Broadway Rd, Suite 150  
Tempe, AZ 85282

Coca Cola Ent. - West  
HC HQ 36-034839  
Notice of Determination:  
April 26, 1990

Dear Mr. Beaver:

We have received notification from the Department of Health Services (Department) regarding your client's petition for redetermination of the notice indicated above. The following information was provided by the Department.

The Department noted that the assessment report indicated possible contamination existing at the site located at 19875 Pacific Gateway Drive. Due to the possibility of contamination and the fact that the self-certification process is not currently recognized by the Department, a preliminary endangerment assessment must be completed. As a result, the fee assessed on April 26, 1990 is due.

If you are still in disagreement with the above, please submit additional reasons or reaffirm your request for a hearing within 30 days from the date of this letter. If a reply is not received within the specified time, we will presume that you are no longer interested in pursuing this matter and we will recommend redetermination without any adjustment.

Sincerely,

David McKillip  
Supervising Auditor  
Environmental Fee Unit

CR:cr

/cocacola

cc: Coca Cola Ent. - West  
Mr. Raul Ramirez  
1334 South Central Avenue  
Los Angeles, CA 90021

300 000753

FILE -  
89007



STATE OF CALIFORNIA

STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA  
(P.O. BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)

Telephone (916) 739-2582

November 21, 1990

WILLIAM M. BENNETT  
First District, Kentfield

CONWAY H. COLLIS  
Second District, Los Angeles

ERNEST J. DRONENBURG, JR.  
Third District, San Diego

PAUL CARPENTER  
Fourth District, Los Angeles

GRAY DAVIS  
Controller, Sacramento

CINDY RAMBO  
Executive Director

Dear Feepayer:

Our records indicate that you have been assessed an Activity Fee in connection with a site mitigation overseen by the Department of Health Services (Department). If the site mitigation is performed under a Remedial Action Plan (RAP) approved by the Department or the Regional Water Quality Control Board (Water Board) pursuant to Section 25356.1 of the Health and Safety Code, you may be entitled to a partial exemption from the Disposal Fee and Superfund Tax.

Section 25345.3 of the Health and Safety Code provided an exemption from the Disposal Fee and the Superfund Tax for hazardous waste submitted for disposal pursuant to an approved RAP. This exemption expired on September 30, 1990.

In place of this exemption Senate Bill 1857 (Chapter 1268, Statutes of 1990) created a new, partial exemption for this waste. The new exemption provides that the waste will be assessed fees and taxes at a fraction of the full rates. The rates are as follows:

<u>PERIOD</u>	<u>PERCENT OF APPLICABLE RATE</u>
10/01/90 to 06/30/91	45% of applicable rate
07/01/91 to 06/30/92	55% of applicable rate

These rates apply to both the Disposal Fee and the Superfund Tax.

To qualify for reporting waste disposals at these reduced rates you must have a RAP which has been prepared or approved by the Department of Health Services or the Regional Water Quality Control Board pursuant to Section 25356.1 of the Health and Safety Code. For purposes of this exemption, RAPs do not include remedial orders issued by local agencies, or imminent and substantial endangerment orders issued by the Department or Water Board, or remedial actions ordered by the United States Environmental Protection Agency.

309 000688

November 21, 1990

You are required to file special Hazardous Substances Tax (Disposal Fee) and Superfund Tax Returns to report wastes disposed of pursuant to your RAP. Only wastestreams identified in the RAP may be reported on these returns. Wastestreams not addressed in the RAP should be reported on your regular Hazardous Substances Tax (Disposal Fee) and Superfund Tax Returns. The special Hazardous Substances Tax Return will be for waste submitted for disposal during the period 10/01/90 to 12/31/90. It will be due on or before 01/31/91. The special Superfund Tax Return will be for the same period, and will be due on or before 03/01/91.

If you are currently operating pursuant to an approved RAP, please contact us so that we may register you and send you the appropriate returns. If you have more than one site for which a RAP has been issued, you are required to have a separate account with us for each site. To contact us regarding your registration, or if you have any questions regarding these fees, you may write to, or telephone the Environmental Fees Section at the address and telephone number shown on this letter.



Robert M. Frank  
Supervisor, Environmental Fees Section  
State Board of Equalization

DT:ba



FIRE PREVENTION BUREAU  
TECHNICAL SECTION  
FIRE DEPARTMENT  
200 NORTH MAIN STREET, ROOM 1780  
LOS ANGELES, CA 90012

*File in RPCR Section  
gilded: HM Torrance, CA*

Los Angeles  
Certified Unified Program Agency  
Los Angeles  
Fire Department  
**INVOICE**



(FISCAL YEAR 2005/06)

06 100-003082 0509 1

**Mailing Address:** COCA-COLA BOTTLING COMPANY  
19899 PACIFIC GATEWAY DR  
TORRANCE CA 90502-1118

**Invoice No:** IN0107540  
**Invoice Date:** AUGUST 26, 2005

**DUE DATE:** SEPTEMBER 25, 2005  
**Delinquent Date:** OCTOBER 25, 2005  
**Facility ID:** FA0021498  
**Haz Waste ID No:**  
**Business Name:** COCA-COLA BOTTLING COMPANY

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HAZMAT	HAZ MAT INVENTORY 8 OR MORE CHEMICALS	4502	\$800.00
	CITY OF LOS ANGELES FEES SUBTOTAL:		\$800.00
HAZ WASTE	HW GEN, 101-500 EMPLOYEES	1004	\$1,348.00
	COUNTY OF LOS ANGELES FEES SUBTOTAL:		\$1,348.00
	STATE -- GENERAL FACILITY SERVICE CHARGE	4002	\$24.00
	STATE OF CALIFORNIA SERVICE CHARGES SUBTOTAL:		\$24.00
	50% PENALTY:		\$0.00
	PAYMENTS:		\$0.00
	ADJUSTMENTS:		\$0.00
	TOTAL DUE:		\$2,172.00

DETACH AT PERFORATION ↑ AND RETURN THIS LOWER PORTION OF PERMIT INVOICE  
AND YOUR PAYMENT MADE PAYABLE TO: CITY OF LOS ANGELES FIRE DEPT.  
PLEASE WRITE THE FACILITY ID NUMBER —

(FA0021498)

ON YOUR CHECK.

THANK YOU FOR YOUR PROMPT PAYMENT.

**SEND PAYMENT TO:**



**Business Name:** COCA-COLA BOTTLING COMPANY  
**Invoice No:** IN0107540  
**AMOUNT DUE:** \$2,172.00  
**Facility ID:** FA0021498  
**Account ID:** AR0016936

**LAFD**  
**UNIFIED PROGRAM, FILE 55643**  
**LOS ANGELES, CA 90074-5643**  
██

AMOUNT  
ENCLOSED: \_\_\_\_\_

**THANK YOU**

FOR QUESTIONS REGARDING THIS PERMIT INVOICE,  
PLEASE CALL (213) 978-3680.



## Unified Program Fee Schedule - 2005/06

PROGRAM	CODE	CATEGORY	Old Fee	New Fee
Underground Storage Tanks		Annual Permit, per tank	\$351.00	\$405.00
		Tank Installation, Plan Check and Inspection	\$363.00 min.	\$381.00 min.
		Tank Abandonment by Removal, Plan Check and Inspection	\$242.00 plus \$121.00 for ea. addl. tank	\$254.00 plus \$127.00 for ea. addl. tank
		Abandonment-in-Place	\$363.00 min.	\$381.00 min.
		Tank Modification, Plan Check and Inspection	\$363.00 min.	\$381.00 min.
		Site Assessment	\$242.00 min.	\$381.00 min.
UFC HMMP & HMRRP (Business Plan & Inventory)	801	Inventory Count: 1 - 3	\$228.00	\$265.00
	802	Inventory Count: 4 - 7	\$460.00	\$530.00
	803	Inventory Count: 8 or more	\$695.00	\$800.00
	901	EXEMPT: Inventory Count: 1 - 3	exempt	exempt
	902	EXEMPT: Inventory Count: 4 - 7	exempt	exempt
	903	EXEMPT: Inventory Count: 8 or more	exempt	exempt
RMP (ARP)		Administrative Fee	\$570.00	\$660.00
Accidental Release		Inspection and Review Fees, \$127/hr.	varies, based on level of effort	varies, based on level of effort
Prevention Program		Risk Factor Fee (\$4.55/unit)	varies, based on chemical risk	\$5.25/unit
Los Angeles County Hazardous Waste	98	Silver-only Waste Generator	\$205.00	\$241.00
	99	0-5 Employees	\$410.00	\$483.00
	100	6-19 Employees	\$572.00	\$678.00
	101	20-100 Employees	\$811.00	\$927.00
	102	101-500 Employees	\$1,190.00	\$1,348.00
	103	501+ Employees	\$1,993.00	\$2,307.00
	104	EXEMPT: 0-5 Employees	exempt	exempt
	105	EXEMPT: 6-19 Employees	exempt	exempt
	106	EXEMPT: 20-100 Employees	exempt	exempt
	107	EXEMPT: 101-500 Employees	exempt	exempt
	108	EXEMPT: 501+ Employees	exempt	exempt
		Tiered Permitting - Permit by Rule	\$1,012.00	\$1,155.00
		Tiered Permitting - Conditionally Authorized	\$747.00	\$811.00
		Tiered Permitting - Conditionally Exempt	\$109.00	\$116.00
State Service Charge		Underground Storage Tanks	\$15.00/tank	\$15.00/tank
		California Accidental Release Prev. Program	\$270.00	\$270.00
		General Facility Service Charge	\$24.00	\$24.00

# *Coca-Cola Bottling Company of California*

A COCA-COLA ENTERPRISES COMPANY

Ann Macdonald  
Environmental Affairs Manager  
West and Central-W Business Units

1551 Atlantic Street  
Union City, CA 94587-2005  
510-476-7088  
510-476-7080 Fax

August 6, 2010

via FedEx: 8723 3688 1028

Department of Toxic Substances Control  
Accounting Unit, EPA ID Number  
1001 I Street  
Sacramento, CA 95814-2828

RE: 2009 Manifest Fees and 2010 Verification Questionnaire for BCI Coca-Cola Bottling Company of Los Angeles (BCI CCBC).

To Whom It May Concern,

Enclosed please find a completed Schedule B/Fees Summary Sheet, and Verification Questionnaires and Schedule A/Manifest Fee Calculation Sheets for 24 EPA ID Numbers for the above referenced company. Thank you for making all of the noted updates.

Please note that no forms were received for two ID numbers:

CAD073582678 Cathedral City      CAL000042607 Union City

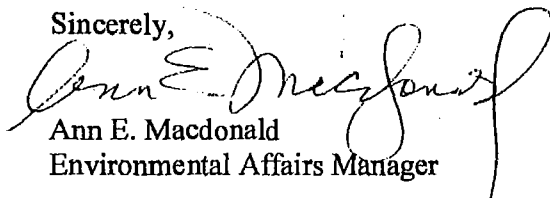
Both of these numbers were active in 2009 and the appropriate manifest fees are included in the total amount paid at this time. Spoke to DTSC regarding the missing forms and was advised to wait for a second mailing later in the year and to submit the Verification Questionnaire at that time. If there is alternate guidance on this approach, please advise.

Also, for your information, Galpin Motors Inc. of North Hills, CA received the forms for Coca-Cola's ID number CAD008232522 for San Diego. They were kind enough to forward the forms to me. This is also noted on the Questionnaire.

Enclosed is check no. 05216606 in the amount of \$5,358.50 for the respective DTSC fees.

If there are any questions, please feel free to contact me at 510-476-7088.

Sincerely,



Ann E. Macdonald  
Environmental Affairs Manager

Enclosures (46):      Schedule B/Fees Summary Sheet  
                                 2010 Verification Questionnaires (22)  
                                 Schedule A/2009 Manifest Fee Calculation Sheets (22)  
                                 Check No. 05216601

# 2010 SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)

## SECTION A - EPA ID NUMBER VERIFICATION FEE (July 1, 2009 - June 30, 2010)

- Name of your organization: (Required) BCI Coca-Cola Bottling Co. of LA
- Federal Employer Identification Number (FEIN): (Required) 13-3346498 (Also called a Federal Tax ID).  
If you do not have a Federal Employer ID Number, please provide your Social Security Number.
- Total number of persons employed by your organization in California: 7500 (See reverse.)

Number of Employees	1 - 49	50 - 74	75 - 99	100 - 249	250 - 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

- Enter EPA ID Fee Rate based on total number of persons employed by your organization in California. \$ 250
- Total number of permanent EPA ID Numbers held by your organization and active at any time during July 1, 2009 - June 30, 2010. Attach a Verification Questionnaire (page 1) and Schedule A for each permanent EPA ID Number in California. Exclude numbers beginning with "CAC" or "CAP". 24
- Multiply the \$ Amount in A.4. by the number in A.5. (Fee rate multiplied by number of EPA ID Numbers). \$ 6000
- TOTAL EPA ID NUMBER VERIFICATION FEE DUE.** (Enter the dollar amount from Line A.6. above OR \$5000, whichever amount is less.) \$ 5000

## SECTION B - MANIFEST FEE (January 1, 2009 - December 31, 2009)

- Enter the dollar amount on Line e. from your Schedule A - Manifest Fee Calculation Sheet. If you are reporting more than one EPA ID Number, enter the TOTAL of the dollar amounts in Line e. from all of your Schedule A - Manifest Fee Calculation Sheets. \$ 358.50
- Carefully read the instructions listed on the back in Section B.2. before completing this section. If your business has less than 100 employees, the first four non-recycled manifests used in the 2009 calendar year are free. (Manifests listing only waste derived from air compliance solvents are excluded and cannot be claimed as free.) In order to receive the credit, list the manifest tracking number(s) of each of the non-recycled manifest(s) you are claiming as free. Please check your records for manifest tracking numbers. If you do not have a copy of your manifest(s), contact your hazardous waste transporter. Enter manifest tracking numbers (required):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

1 manifest = \$7.50 credit	2 manifests = \$15.00 credit	3 manifests = \$22.50 credit	4 manifests = \$30.00 credit
----------------------------	------------------------------	------------------------------	------------------------------

- Enter \$ credit amount based on number of manifests claimed as free. \$ 0
- MANIFEST FEE DUE FOR 2009 MANIFESTS** (Subtract \$ in Line B.3. from Line B.1.) B.1. - B.3. = \$ 358.50

## SECTION C - GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

Add the \$ amount in A.7. and the \$ amount B.4. Enter the total. **TOTAL FEE DUE:** \$ 5,358.50

If you do not owe any fees, you are still required to complete and submit all forms.

If paying by check, make check payable to DTSC & write one of your EPA ID Numbers on your check.

If you are paying by credit card, use the enclosed credit card form.

I hereby certify under penalty of perjury that the information on Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: Aime E. Macdonald Title: Environmental Affairs Manager  
Name (please print): Aime E. Macdonald Date: 7-30-10 Phone: (510) 476-7088

### PLEASE RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS

- ☒ Verification Questionnaire (one Verification Questionnaire for each EPA ID Number) \* No form rec'd for 2 ID Numbers. See cover letter.
- ☒ Schedule A - Manifest Fee Calculation Sheet (one Schedule A for each EPA ID Number)
- ☒ Schedule B - Fee Summary Sheet (only one Schedule B is needed for your entire organization)
- ☒ Payment Due, if any. Please include at least one of your EPA ID Numbers on your check or credit card form.

THIS SECTION FOR DEPARTMENT USE ONLY			
Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	

## 2010 EPA ID NUMBER VERIFICATION QUESTIONNAIRE

**Return within 30 days to avoid suspension of your EPA ID Number. See Instructions on back.**

**IMPORTANT** - If you are a new owner and this is a California EPA ID Number (CAL and some CAD prefixes) that belonged to the previous owner, do not enter new information on this form. Please contact our office.

Please type or print clearly and use only standard abbreviations.

**Mailing Address:** If no change, please leave blank.

Address: \_\_\_\_\_

BCI COCA-COLA BOTTLING CO OF LA  
1551 ATLANTIC STREET  
UNION CITY CA 94587-2005

City/State/Zip: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX.** If the information in this box is incorrect, call (877) 454-4012.

1. EPA ID NUMBER: CAD982411803

2. LOCATION ADDRESS: 19875 PACIFIC GATEWAY DRIVE  
TORRANCE CA 90502-0000

Y

**If your business has moved, a new EPA ID Number is required. See instructions on back.**

3. FEDERAL EMPLOYER ID NUMBER (FEIN) REQUIRED: 13-3346695 (Also called a Federal Tax ID.)  
If you do not have a Federal Employer Identification Number, please provide your Social Security Number.

4. BOARD OF EQUALIZATION NUMBER (BOE): 36-053055 (REQUIRED ONLY IF  
GENERATING 5 OR MORE TONS OF HAZ WASTE PER YEAR)

5. COMPANY OWNER INFO:

Company Owner Info Change: If no change, please leave blank.

Owner or Corp. Name: \_\_\_\_\_

☐ Name Change Only

☐ Ownership Change\* Date of Ownership Change\*: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\* Federal EPA ID Numbers Only. California EPA ID Numbers are not transferable.

6. ☐ CHECK TO CANCEL THE EPA ID NUMBER SHOWN ON LINE 1. ID NUMBER WILL BE CANCELED EFFECTIVE 6/30/2010.  
If you checked this box in prior year(s) and did not manifest in 2009, please contact our office. (See back for more info.)

7. COMPANY NAME:

Company Name Change: If no change, please leave blank.

BCI COCA-COLA BOTTLING CO OF LA

8. CONTACT INFO:

Contact Info Change: If no change, please leave blank.

ANN MACDONALD, ENV. AFFAIRS

Name/Title: \_\_\_\_\_

1551 ATLANTIC STREET

Address: \_\_\_\_\_

UNION CITY CA 94587-2005

(510)643-2717

City/State/Zip: \_\_\_\_\_

(510)643-2781

Telephone: (510) 476-7088 Fax: (510) 476-7080

AMACDONALD@NA.COKECCE.COM

Business Email Address: amacdonald@cokecce.com

9. SIC CODE (4 digits):

If printed SIC Code is incorrect, please enter correct Code.

5149

See Instructions on back for SIC Code information.

10. I hereby certify under penalty of perjury that the information above and on the fee forms is true and correct.

Name (please print): Ann E. Macdonald

Title: Environmental Affairs Manager

Signature: Ann E. Macdonald

Date: 8/6/10



## SCHEDULE A – MANIFEST FEE CALCULATION SHEET FOR 2009 MANIFESTS

Carefully review each item on this form. Refer to the instructions on back for specific information.

EPA ID Number: CAD982411803

Organization Name: BCT Coca-Cola Bottling Co. of CA

Federal Employer Identification Number (FEIN) REQUIRED 13-3346695

(Also called a Federal Tax ID.)

If you do not have a FEIN, please provide your Social Security Number.

### Manifest Counts for shipments from January 1, 2009 through December 31, 2009

DTSC recorded the number of manifests  
at the right for the EPA ID Number shown above.

Non-Recycled: 0

Recycled: 0

If you believe the manifest count above is incorrect, you may use the count from your own files. Cross out the number(s) above and insert your revised number(s). However, please note that any difference between the manifest counts you report and the manifest counts printed on Schedule A is subject to audit by DTSC.

To qualify as recycled, all waste listed on the manifest must be recycled. The hazardous waste disposal facility adds a code for each waste listed to indicate if it was recycled at their facility. The recycling codes can be found in **Box 19** on the manifest and are **H010, H020, H039, H050, or H061**. In some cases, the initial receiving facility only transfers waste to a different facility that may recycle or otherwise handle the waste (H141). You can contact your hazardous waste transporter or disposal facility for more information. If you claim that waste was recycled that is not documented on a manifest, you are subject to audit and DTSC may ask for additional documentation. **Important:** Please do not include your recycling certificates/letters with your Verification Questionnaire and fee assessment forms. Keep these documents with your manifest records.

a. Enter the number of **non-recycled** manifests from above.

0

b. Enter the number of **non-recycled** manifests that list only hazardous waste derived from air compliance solvents (water-based cleaners). You will determine this number using your records. DTSC does not have this information for you. Refer to instructions on back for more information.

0 x \$3.50 = \$ 0

c. Subtract the number of manifests listed in Line b. from the manifests listed in Line a., and enter that number. (Box a – Box b) x \$7.50.

0 x \$7.50 = \$ 0

d. No fee due for recycled manifests.  
(All waste listed on the manifest has a recycling code.)

\$ 0.00

e. **Total Manifest Fee Due**

(Add the \$ Amounts in Lines b. and c.) = \$ 0

The manifest count in boxes b. and c. should equal the count in box a.

Please note that even if you do not owe fees, you are still required to return **ALL** forms to DTSC.

### FREQUENTLY ASKED QUESTIONS

In order to assist you in completing the forms, we have compiled answers to common questions about the Verification Questionnaire and Fee Assessments. You can access the "Frequently Asked Questions" on our website at [www.dtsc.ca.gov](http://www.dtsc.ca.gov). Under "Information for Public", select "Frequently Asked Questions", and then select "2010 Verification Questionnaire FAQs"



# California Department of Toxic Substances Control

[Logout](#)

## EPA ID NUMBER & MANIFEST FEE INVOICE

[Back to Previous VQs List](#)

PLEASE PRINT THIS INVOICE, SIGN AND DATE AT THE BOTTOM, THEN RETURN TO DTSC. IF YOU ARE PAYING BY CREDIT CARD, PLEASE COMPLETE THE INFORMATION REQUESTED IN OPTION 2. PLEASE NOTE THAT THERE ARE TWO MAILING ADDRESSES. THE MAILING ADDRESS IN OPTION 2 IS SPECIFIC FOR CREDIT CARD PAYMENTS ONLY.

**COMPANY NAME: BCI COCA-COLA BOTTLING CO OF LA**

BCI COCA-COLA BOTTLING CO OF LA  
Attention: ANN MACDONALD  
1551 ATLANTIC STREET  
UNION CITY, CA 94587

**Invoice Number: 2011183**

BOE Number= Federal ID Number=13-3346695 Total Employees=3200 Total Number of EPA IDs=25

Description	Count	Rate	Amount
Verification Fee	25	\$250.00	\$6,250.00
Total Verification Fee Maximum of \$5,000, whichever amount is less.			\$5,000.00
Total Non-Recycled Fee (Derived from air solvents)	28	\$3.50	\$98.00
Total Non-Recycled Fee	4028	\$7.50	\$285.00
Total Recycled Fee	17	\$0.00	\$0.00
Less Manifest Credit	0		(\$0.00)
Total Manifest Fee			\$383.00
Grand Total			\$5,383.00

\* plus 2 Non-Recycled Manifests  
for Temporary IDs numbers:  
CAC002650943  
CAC002661013  
(see attached)

\$300

5,398.00

### Payment Methods:

#### Option 1:

To pay your EPA ID Number verification fee and/or manifest fees by check, please remember to indicate the Invoice Number on your check memo section.



#### IMPORTANT

Mail invoice and payment due if paying by check or invoice only if no payment is due to:  
Accounting Unit, EPA ID  
Department of Toxic Substances Control  
PO BOX 1288  
Sacramento, CA 95812-1288

#### Option 2:

To pay your EPA ID Number verification fee and/or manifest fees by credit card, please complete this section.

1) Name on Credit Card:

2) Type of Card:

3) Credit Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4) Expiration Date: \_\_\_\_/\_\_\_\_

5) Total Amount of Fees Being Paid: \$ \_\_\_\_\_  
(Should match the amount reported as grand total from the Schedule B Fees Summary Sheet)

6) Signature: \_\_\_\_\_

(The authorized credit card holder's original signature must be present in order for your payment request to be processed.)

7) Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

By completing and signing this section of the form, you are authorizing DTSC to request funds from the credit card company you have indicated. If the request is denied by your credit card company, Department of Toxic Substances Control (DTSC) will contact you and require payment by another acceptable means.

**PRIVACY STATEMENT:** The information on this form is requested by the DTSC, Accounting Unit. All information is voluntary. The purpose of this information is to verify the authenticity of the credit card you wish to use to pay your EPA ID Number and Manifest Fees. Failure to provide answers to any of the questions may cause your credit card payment request to be denied. For more information or access to this record, please contact the DTSC, Accounting Unit at (916) 324-3150 or you may write to the address shown below.

**IMPORTANT**

Complete information required in Option 2 and mail invoice with credit card information to:  
Accounting Unit, EPA ID  
Department of Toxic Substances Control  
PO Box 876  
Sacramento, CA 95812-0876

**YOU MUST SIGN, DATE THEN RETURN TO DTSC TO CONSIDER AS COMPLETED WITH YOUR VERIFICATION QUESTIONNAIRE PROCESS.**

EPA ID Number Verification Questionnaire(s) and Fee Schedules completed by Ann Macdonald on9/14/11

September 14, 2011

ANN MACDONALD, ENV. AFFAIR, Region Environmental Mgr

DTSC 1245- VQ Number: 2011183

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State of California – California Environmental Protection Agency  
Department of Toxic Substances Control (DTSC)  
P O Box 1288  
Sacramento, CA 95812-1288

Generator Information Services Section  
1-877-454-4012 (California callers only toll free)  
or 1-916-255-4439 (local or outside California)  
www.dtsc.ca.gov

COCA COLA ENTERPRISES INC  
2500 WINDY RIDGE PKWY SE  
ATLANTA, GA 30339-5677

EPA ID Number: CAC002650943

Location Address:  
13737 AMAR RD  
LA PUENTE, CA 91746-1602

\* All to BCI Coca-Cola Bottling  
Co. of LA

<b>2010 MANIFEST COUNT</b>
Non-Recycled: 1
Recycled: 0

**MANIFEST FEE CALCULATION SHEET FOR 2010 MANIFESTS (January 1, 2010 – December 31, 2010)**  
**RETURN THIS FORM WITHIN 30 DAYS -- Please Read Information and Instructions on Back**

If you are a home owner or property owner, you received this notice because you had work done on your home or property between 1/1/10 and 12/31/10 where hazardous waste was removed as a result of this work. In order to remove the hazardous waste, a temporary EPA ID Number was obtained in your name and used on manifest(s) to transport the hazardous waste.

Employee Count for your business during calendar year 2010 (Required) 7500 (If you are not a business, enter 0.)

Federal Employer Identification Number (FEIN) (Required) 13-3346695 (Also called a Federal Tax ID.)  
If you do not have a FEIN Number, please enter your Social Security Number.

1. Enter the number of non-recycled manifests from the 2010 Manifest Count in the box above... 1

2. **Manifest Fee Exemption** – If you are a homeowner, property owner or a business with **less than 100 employees**, you may claim the first four non-recycled manifests as free. Read the information on back before completing this section.

In order to receive the credit, list the manifest tracking number(s) of each of the non-recycled manifest(s) you are claiming as free. **Do not call DTSC for manifest tracking numbers. You must refer to your records; you are required to keep copies of your hazardous waste manifests for 3 years.** If you do not have a copy of your manifest(s), contact your hazardous waste transporter or the contractor who performed the work for you to get copies for your records. List manifest tracking number(s) below:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Enter the number of non-recycled manifests claimed free—maximum of four..... 1 (Enter 0 if none.)

3. Enter the number of non-recycled manifests that were used solely for hazardous waste derived from air compliance solvents. (See back for more information.) ..... 0 x \$3.50 = \$ \_\_\_\_\_

4. Subtract the number of manifests in Lines 2 and 3 from Line 1..... 1 x \$7.50 = \$ 7.50

**THE MANIFEST COUNT IN BOXES 2, 3, AND 4 SHOULD EQUAL THE MANIFEST COUNT IN BOX 1**

5. No fee due for recycled manifests..... \$ 0.00

6. Add \$ totals in Lines 3 and 4. Enter total \$ amount due..... \$ 7.50

Make your check payable to DTSC for the amount due on Line 6. Return this form and your payment, if any is due, in the enclosed envelope. When paying by credit card, complete the enclosed credit card form.

**YOU MUST COMPLETE AND RETURN THIS FORM WITHIN 30 DAYS WHETHER OR NOT YOU OWE FEES.**

**I hereby certify under penalty of perjury that the information above is true and correct.**

Signature of Preparer: Ann Macdonald  
Name (please print): Ann Macdonald

Title: Region Environmental Manager  
Date: 9-14-11 Phone: 510-476-7088

THIS SECTION FOR DEPARTMENT USE ONLY			
CHECK NO:	\$ AMOUNT:	DATE:	CID#:
STATE ACCOUNTS	FEDERAL ACCOUNTS	UNCLEARED	
12560035:	12560091:	12560065:	
12560075:	12260096:	AMOUNT DUE:	
		PRIMARY ID #:	

JUN 06 2011

State of California – California Environmental Protection Agency  
Department of Toxic Substances Control (DTSC)  
P O Box 1288  
Sacramento, CA 95812-1288

Generator Information Services Section  
1-877-454-4012 (California callers only toll free)  
or 1-916-255-4439 (local or outside California)  
www.dtsc.ca.gov

COKE COCOLA INC  
530 GETTY CT  
BENICIA, CA 94510-0000

EPA ID Number: CAC002661013

Location Address:  
620 CHICAGO HWY  
BAY POINT, CA 94565-0000

\* Add to BCI Coca-Cola Bottling  
Co. of LA

<b>2010 MANIFEST COUNT</b>
Non-Recycled: 1
Recycled: 0

**MANIFEST FEE CALCULATION SHEET FOR 2010 MANIFESTS (January 1, 2010 – December 31, 2010)**

**RETURN THIS FORM WITHIN 30 DAYS – Please Read Information and Instructions on Back**

**If you are a home owner or property owner**, you received this notice because you had work done on your home or property between 1/1/10 and 12/31/10 where hazardous waste was removed as a result of this work. In order to remove the hazardous waste, a temporary EPA ID Number was obtained in your name and used on manifest(s) to transport the hazardous waste.

Employee Count for your business during calendar year 2010 (Required) 7500 (If you are not a business, enter 0.)

Federal Employer Identification Number (FEIN) (Required) 13-3346685 (Also called a Federal Tax ID.)  
If you do not have a FEIN Number, please enter your Social Security Number.

1. Enter the number of non-recycled manifests from the 2010 Manifest Count in the box above... 1

2. **Manifest Fee Exemption** – If you are a homeowner, property owner or a business with less than 100 employees, you may claim the first four non-recycled manifests as free. Read the information on back before completing this section.

In order to receive the credit, list the manifest tracking number(s) of each of the non-recycled manifest(s) you are claiming as free. **Do not call DTSC for manifest tracking numbers. You must refer to your records; you are required to keep copies of your hazardous waste manifests for 3 years.** If you do not have a copy of your manifest(s), contact your hazardous waste transporter or the contractor who performed the work for you to get copies for your records. List manifest tracking number(s) below:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Enter the number of non-recycled manifests claimed free--maximum of four..... 1 (Enter 0 if none.)

3. Enter the number of non-recycled manifests that were used solely for hazardous waste derived from air compliance solvents. (See back for more information.) ..... 0 x \$3.50 = \$ \_\_\_\_\_  
4. Subtract the number of manifests in Lines 2 and 3 from Line 1..... 1 x \$7.50 = \$ 7.50

**THE MANIFEST COUNT IN BOXES 2, 3, AND 4 SHOULD EQUAL THE MANIFEST COUNT IN BOX 1**

5. No fee due for recycled manifests..... \$ 0.00  
6. Add \$ totals in Lines 3 and 4. Enter total \$ amount due..... \$ 7.50

Make your check payable to DTSC for the amount due on Line 6. Return this form and your payment, if any is due, in the enclosed envelope. When paying by credit card, complete the enclosed credit card form.

**YOU MUST COMPLETE AND RETURN THIS FORM WITHIN 30 DAYS WHETHER OR NOT YOU OWE FEES.**

**I hereby certify under penalty of perjury that the information above is true and correct.**

Signature of Preparer: [Signature]

Title: Region Environmental Manager

Name (please print): Ann E. Macdonald

Date: 9/14/11 Phone: 510-476-7088

THIS SECTION FOR DEPARTMENT USE ONLY			
CHECK NO:	\$ AMOUNT:	DATE:	CID#:
STATE ACCOUNTS	FEDERAL ACCOUNTS	UNCLEARED	
12560035:	12560091:	12560065:	
12560075:	12260096:	AMOUNT DUE:	
PRIMARY ID #:			

BOE-501-HG (\$1F) REV. 19 (3-11) P.O. BOX 942879 SACRAMENTO CA 94279-0088 800-400-7115

STATE OF CALIFORNIA  
BOARD OF EQUALIZATION

HAZARDOUS WASTE GENERATOR FEE RETURN

u825622t

DUE ON OR BEFORE Feb 29, 2012 for Year - Jan through Dec 2011

4211

[ FOID 39-142-847 ] -

HG

EF

YOUR ACCOUNT NO.

36-053055

1

HG

Mail to:

BOARD OF EQUALIZATION

SPECIAL TAXES AND FEES

P.O. BOX 942879

SACRAMENTO CA 94279-6009

BCI COCA-COLA BOTTLING CO OF LA

ATTN: FACILITY MANAGER

19875 PACIFIC GATEWAY DR

TORRANCE CA 90502-1118

RTS-HG  
HWCA  
9999

SHG

READ INSTRUCTIONS  
BEFORE PREPARING

CAD982411803

TORRANCE, 19875 PACIFIC GATEWAY D

(303) 291-9734

15

☐ Please check this box if sites below include Treated Wood Waste.

1. ☐ Please check this box if you no longer generate hazardous waste at this site. Enter the date of last generation: \_\_\_\_\_ . Your account will be closed as of the date entered. For consolidated accounts, use the enclosed Schedule G to indicate the date each site last generated waste if hazardous waste is no longer being generated at that site.

A CLASSIFICATION OF GENERATING SITES (Based on amounts of hazardous waste generated during the calendar year or portion thereof)	B NUMBER OF SITES (Do not list tonnage)	C AMOUNT OF FEES	D TOTAL FEES DUE (column B x C)
2. Generators which generate less than 5 tons	2.	0.00	
3. Generators which generate an amount equal to or more than 5 tons, but less than 25 tons	3.	199.00	
4. Generators which generate an amount equal to or more than 25 tons, but less than 50 tons	4.	1594.00	
5. Generators which generate an amount equal to or more than 50 tons, but less than 250 tons	5.	3986.00	
6. Generators which generate an amount equal to or more than 250 tons, but less than 500 tons	6.	19930.00	
7. Generators which generate an amount equal to or more than 500 tons, but less than 1,000 tons	7.	39860.00	
8. Generators which generate an amount equal to or more than 1,000 tons, but less than 2,000 tons	8.	59790.00	
9. Generators which generate an amount equal to or more than 2,000 tons	9.	79720.00	
10. Amount of fees (add lines 3 through 9 in column D)	10.		\$ 0
11. Loss prepayment credit	11.		\$
12. Total fee due (subtract line 11 from line 10)	12.		\$ 0
13. Penalty (multiply line 12 by 10% (0.10) if payment is made after the due date shown above)	PENALTY 13.		\$
14. INTEREST: One month's interest is due on the total fee for each month or fraction of a month that payment is delayed after the due date. The adjusted monthly interest rate is .00583 (7% divided by 12).	INTEREST 14.		\$
15. TOTAL AMOUNT DUE AND PAYABLE (add lines 12, 13, and 14)	15.		\$ 0

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

EMAIL ADDRESS

Romacrias@cooca-cola.com

TELEPHONE

(310) 965-2700

DATE

2-24-12

SIGNATURE

PRINT NAME AND TITLE

Robert Macris DCM

Make check or money order payable to State Board of Equalization.

501HG

002

HG

Always write your account number on your check or money order. Make a copy of this document for your records.

## HAZARDOUS WASTE GENERATOR FEE RETURN

u825622t

<b>DUE ON OR BEFORE</b> Feb 29, 2012 for Year - Jan through Dec 2011		4211
[ FOID 39-142-847 ] -	HG EF	YOUR ACCOUNT NO. 36-053055
		1

HG

Mail to:

BOARD OF EQUALIZATION  
SPECIAL TAXES AND FEES  
P.O. BOX 942879  
SACRAMENTO CA 94279-6009

BCI COCA-COLA BOTTLING CO OF LA  
ATTN: FACILITY MANAGER  
19875 PACIFIC GATEWAY DR  
TORRANCE CA 90502-1118

BOE USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		
RTS-HG HWCA 9999		
SHG		

READ INSTRUCTIONS  
BEFORE PREPARING

CAD982411803

TORRANCE, 19875 PACIFIC GATEWAY D

☐ Please check this box if sites below include Treated Wood Waste.

1. ☐ Please check this box if you no longer generate hazardous waste at this site. Enter the date of last generation: \_\_\_\_\_ . Your account will be closed as of the date entered. For consolidated accounts, use the enclosed Schedule G to indicate the date each site last generated waste if hazardous waste is no longer being generated at that site.

A CLASSIFICATION OF GENERATING SITES (Based on amounts of hazardous waste generated during the calendar year or portion thereof)	B NUMBER OF SITES (Do not list tonnage)	C AMOUNT OF FEES	D TOTAL FEES DUE (column B x C)
2. Generators which generate less than 5 tons	2.	0.00	
3. Generators which generate an amount equal to or more than 5 tons, but less than 25 tons	3.	199.00	
4. Generators which generate an amount equal to or more than 25 tons, but less than 50 tons	4.	1594.00	
5. Generators which generate an amount equal to or more than 50 tons, but less than 250 tons	5.	3986.00	
6. Generators which generate an amount equal to or more than 250 tons, but less than 500 tons	6.	19930.00	
7. Generators which generate an amount equal to or more than 500 tons, but less than 1,000 tons	7.	39860.00	
8. Generators which generate an amount equal to or more than 1,000 tons, but less than 2,000 tons	8.	59790.00	
9. Generators which generate an amount equal to or more than 2,000 tons	9.	79720.00	
10. Amount of fees (add lines 3 through 9 in column D)	10.	\$	
11. Less prepayment credit	11.	\$	
12. Total fee due (subtract line 11 from line 10)	12.	\$	
13. Penalty (multiply line 12 by 10% (0.10) if payment is made after the due date shown above)	PENALTY 13.	\$	
14. INTEREST: One month's interest is due on the total fee for each month or fraction of a month that payment is delayed after the due date. The adjusted monthly interest rate is .00583 ( 7% divided by 12).	INTEREST 14.	\$	
15. TOTAL AMOUNT DUE AND PAYABLE (add lines 12, 13, and 14)	15.	\$	

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

SIGNATURE

PRINT NAME AND TITLE

EMAIL ADDRESS

TELEPHONE  
( )

DATE

Make check or money order payable to State Board of Equalization.

Always write your account number on your check or money order. Make a copy of this document for your records.

501HG

002

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## HAZARDOUS WASTE GENERATOR FEE RETURN INSTRUCTIONS

**Payments:** You can make your payment by paper check, Online ACH Debit (ePay) or by credit card. To use ePay, go to our website at [www.boe.ca.gov](http://www.boe.ca.gov), click on the eServices tab and log in to make a payment. To pay by credit card, go to our website or call 800-272-9829. Mandatory EFT accounts must pay by EFT or ePay. **Be sure to sign and mail your return.**

### GENERAL

The Generator Fee is imposed on each site that generates (produces) hazardous waste of 5 tons or more in each calendar year. The fee is calculated for each site's generation of waste regardless of the waste's final disposition (for example, recycling or disposal).

### EXEMPTIONS FROM THE GENERATOR FEE

- 1) Used oil removed from motor vehicles that is recycled by a recycler permitted by the Department of Toxic Substances Control (DTSC). "Motor vehicle" includes locomotives, vessels, and self-propelled, off-road equipment, whether or not the equipment moves or is permitted to move on public highways.
- 2) Waste that is generated, recycled, and used onsite and not transferred offsite at any time.
- 3) Aqueous waste treated in a treatment unit operating, or which subsequently operates, under a permit by rule, conditional authorization, or conditional exemption. However, hazardous waste generated by the treatment unit is subject to the generator fee.

### FILING REQUIREMENTS

Under section 43152.7 of the Hazardous Substances Tax Law, every site that generates hazardous waste is required to file a return with a remittance payable to the State Board of Equalization. Under section 43155 of the Hazardous Substances Tax Law, late payment will result in a 10 percent (0.10) penalty and interest at an adjusted annual rate established under section 6591.5 of the Revenue and Taxation Code.

Fee returns and payments that are mailed must be postmarked on or before the due date shown on the return. If the due date falls on a Saturday, Sunday, or legal holiday, returns postmarked on the next business day are considered timely. Facility operators who pay the Facility Fee are not subject to the Generator Fee for the facility site.

### FILING INSTRUCTIONS

Please select the appropriate fee category in column A on the front of the return for each site where hazardous waste was generated in this state. Be sure to include non-manifested **Treated Wood Waste** in the total tonnage. Multiply the number of generating sites in column B by the amount of fees in column C and enter the amount of fees due in column D.

If you are reporting for more than one site, please use the enclosed Schedule G or provide the site address, EPA number, and appropriate fee category for each site on an attachment.

### UNIFORM HAZARDOUS WASTE MANIFEST

To calculate the tonnages, obtain the information from your copy of the Uniform Hazardous Waste Manifest. Total quantity and weight are indicated in boxes 11 and 12 of the manifest.

To convert a unit of measurement to tons, take the appropriate factor from below and multiply by your total quantity.

<b>G = Gallon</b>	<b>0.00417 (Water)</b>	<b>T = Ton</b>	<b>1.0 (2,000 lbs.)</b>
<b>P = Pound</b>	<b>0.0005 (Pounds)</b>	<b>Y = Yard</b>	<b>1.35 (Soil)</b>

**Note:** The conversion above provides a general guideline. Due to the characteristics of your waste, the tonnage may be calculated with weight tickets.

### PREPAYMENT CREDIT (LINE 11)

Some accounts were required to file a prepayment by August 31. If you paid a prepayment, enter on line 11 the amount of fee paid. If delinquency charges were paid, **do not** include those amounts in the credit. If, after claiming the prepayment, the total amount due and payable on line 15 is a credit, include a letter with your return requesting the amount be refunded to you.